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Complete if Known Substitute for form 1449/PTO **Application Number** Not Assigned Filing Date Not Assigned INFORMATION DISCLOSURE First Named Inventor SCHLUSSEL, Ed STATEMENT BY APPLICANT Art Unit Not Assigned (Use as many sheets as necessary) Examiner Name Not Assigned Attorney Docket Number 4738/003

Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	^{US-} 4,671,266	06/09/1987	LENGYEL et al.	
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	Τ ⁶
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